## Office of Health Care Assurance

## **State Licensing Section**

## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Jack and Jill (DDDH)	CHAPTER 89
Address: 94-1088 Lumi Street, Waipahu, Hawaii 96797	Inspection Date: May 14, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-8 Provision for services and review. (d) All certified caregivers shall upgrade their skills by taking a minimum of eight hours, per year, of workshop or inservice programs approved by the division as a part of the requirement for the annual recertification.  FINDINGS Caregiver #1 and #2 – there were no date and no contact hours on the certificates of the continuing education courses.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
§11-89-12 Structural requirements for licensure. (b) Once licensed, the administrator shall be responsible for ensuring that the facility is maintained in compliance with all state and county zoning, building, fire, sanitation, housing and other codes, ordinances, and laws.  FINDINGS Boxes of diapers were stored in the closet in bedroom #5.	PART 1  DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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§11-89-19 Nutrition. (I) Special diets shall be provided for residents when ordered by a physician. Caregivers who have not received special diet training may not accept residents requiring special diets until trained by a qualified dietician or nutritionist.  FINDINGS  No evidence that special diet was provided as ordered by the physician. No special diet menu available.  - Resident #1 - Regular chopped ordered 5/10/19, 2/16/19, 11/24/18, 8/21/18, and 5/19/18  - Resident #2 - Regular low carbohydrate ordered 4/16/19, 2/27/19, 1/2/19, 11/21/18, 10/16/18, 9/12/18, 7/25/18, and 6/6/18	DID YOU CORRECT THE DEFICIENCY?  USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY	

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Licensee's/Administrator's Signature:	
Print Name: _	
Б.	
Date:	